

STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobb	yist(s) Rich	nard Sigel					
II. Name of lobb	yist's partne	ership, firm or c	orporation, if any	y:			
McLane Midd			ublic Strate	gies, LLC			
	(Name of part	nership, firm or co	orporation)				
900 Elm Str	eet. P.O.	Box 326	Mancheste	er	NH	03105	-0326
Business Address:			(Town/City)	-	(State)		p Code)
(603) 628-14	80	(603)	625-5650	a mi	oil righard	l sicelûme	clanegps.com
(Telepho		(003)	(Fax)	C-1116	all Tronard	1. Sigereme	zranegps.com
reportable expe	nse transacti	ons which are n	e separate reports ot attributable to	any one client	t).		-
All reportable	e transactions	occurring in the	months prior to th	e reporting dat	e relative to ti	ne rollowing (chent:
NH Hospital							
OB	(Full N	ame of Client as it	appears on the Lobb	oyist Registration	n Form)		
OR						<i>6</i> 11 . 12	
unrelated to any p		•	including the lobby	yist's family), c	or the lobbyin	ig firm listed t	below which are
IV. Date of Repo	_	April 26, 2017 with from date of registration to 3/31/17		July 26.			
•	Octob	per 25, 2017 🔀		January	31, 2018		
	activity f	rom 7/1/17 to 9/30	0/17	activity from 1	0/1/17 to 12/31	1/17	
If this box is chec Concord, NH 033	cked, complete 301.	e just this form a	no reportable t nd submit it to the				
VI. Check if add	-					_	
-			tures, you must file				
☐ If you have p Expense Reimbu		arium or reimbur	sed expenses, you	must file Add	endum B– Re	eport of Hono	rariums or
If you, your	firm, or your	family has made	political contribut	ions, you must	file Addendi	um C– Politic	cal Contributions
and complete to t	15, RSA 15-It the best of my	3, RSA 14-C and knowledge and					
(Signature of lot	obyist)				(Da	nte)	RECEIVED
Richard Sig (Print Name of I	el						OCT 27 2017
(time , tanne or i	0003100						NEWALLANDOLUDE

NEW HAMPSHIRE DEPARTMENT OF STATE



STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Richard Sigel							
II. Name of lobbyist's partnership, firm or corporation, if any:							
McLane Middleton Government & Public Strategies, LLC							
(Name of partnership, firm or corporation)							
III. Name of Client NH Hospital Association	Date	10-25-17					
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greduced by any expenses:	nt relations, o	r public relations services					
a) Total of all fees received in this reporting period	a) \$	25,000.00					
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$ year)	50,000.00					
c) Total of all fees received to date (Add lines a and b)	c) \$	75,000.00					
 Indicate the amount of any such fees that are due, but have not yet been paid 	d) \$	0.00					
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office of individual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of being lobbied, purchase of a ceremonial object given to a person being lobbic (c) an itemized statement of each individual expenditure made during this repany purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value great restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if may be filed the aggregate expenses; (b) ole: meals puress than \$10 ted with a val- orting period due of greater ter than \$25, s, expense re	expenditures are made by I for the lobbyist(s)/firm. total of all expenses paid the aggregate total of all rchased during a business that is given to the person ue of \$25.00 or less); and of greater than \$25.00 for than \$25, purchase of a but not greater than \$50, imbursement, or political					
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$	25,000.00					
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$	0.00					
c) Total of all itemized expenditures reported in detail in section VI.	c) \$	0.00					

d) Total expenses for this reporting period	d) \$	25,000.00
(Add lines a, b and c)		
e) Total of expenses paid this calendar year, prior to this reporting period	e) \$	50,000.00
(This should be the amount on line f of addendum A for last month's report)		
f) Total of all expenses year to date	f) \$	75,000.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees	during this reporting
Paid to:	Amount:	
	\$	
	\$	
	\$	
	\$	
	\$	
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the fo	regoing information
Crohand Ind] 0	.25-17
(Signature of lobbyist)	(D	Date)
Richard Sigel		
(Print Name of lobbyist)		